

PTO/SB/21 (04-07)

Approved for use through 09/30/2007. OMB 0651-0031

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**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/642,365
	Filing Date	August 14, 2003
	First Named Inventor	Michael S. H. Chu
	Art Unit	3731
	Examiner Name	Natalie R. Pous
Total Number of Pages in This Submission	Attorney Docket Number	MIY-P03-024

**ENCLOSURES (Check all that apply)**

<input checked="" type="checkbox"/> Fee Transmittal Form  <input type="checkbox"/> Fee Attached  <input checked="" type="checkbox"/> Amendment/Reply  <input type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input checked="" type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input checked="" type="checkbox"/> Supplemental Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Reply to Missing Parts/Incomplete Application  <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____  <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):  SB/08 (2 foreign references and copy of EP Search Report) Certificate of Mailing Return Receipt Postcard
<div>Remarks</div>		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	ROPES & GRAY LLP		
Signature			
Printed name	Richard G. Allison		
Date	September 28, 2007	Reg. No.	60,386

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated:

9/28/07

Signature:

(Cindyanne Holmes)



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PTO/SB/17 (06-07)

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Effective on 12/08/2007.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL

## For FY 2007

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$1200.00)

### Complete if Known

Application Number 10/642,365  
Filing Date August 14, 2003  
First Named Inventor Michael S. H. Chu  
Examiner Name Natalie R. Pous  
Art Unit 3731  
Attorney Docket No. MIY-P03-024

### METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):  
☒ Deposit Account Deposit Account Number: 18-1945 Deposit Account Name: Ropes & Gray LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee  
☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

### FEE CALCULATION

#### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

#### 2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims 41 - 43 = 0 x 50.00 = 0.00  
Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims 5 - 7 = 0 x 200.00 = 0.00  
Fee Paid (\$)

HP = highest number of independent claims paid for, if greater than 3.

#### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets - 100 = Extra Sheets /50 Number of each additional 50 or fraction thereof Fee (\$)

#### 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount) 1,020.00  
Other (e.g., late filing surcharge): 1806 Submission of an Information Disclosure Statement 180.00

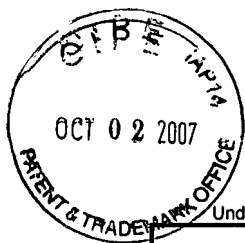
#### SUBMITTED BY

Signature [Signature] Registration No. 60,386 Telephone (212) 596-9000  
Name (Print/Type) Richard G. Allison Date September 28, 2007

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Dated: September 28, 2007

Signature: [Signature] (Cindyann Holmes)



PTO/SB/92 (09-04)

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Application No. (if known): 10/642,365

Attorney Docket No.: MIY-P03-024

## Certificate of Mailing under 37 CFR 1.8

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Cindyanne Holmes

Typed or printed name of person signing Certificate

N/A  
Registration Number, if applicable

212-596-9000  
Telephone Number

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

Transmittal (1 pg.)  
Fee Transmittal (1 pg. – in duplicate)  
Extension of Time Request (3 months)(1 pg. – in duplicate)  
Response to Non-Final Office Action (15 pgs.)  
Supplemental Information Disclosure Statement (2 pgs.)(in duplicate)  
PTO SB/08a Form (1 pg. – 21 References)  
Copy of References B38-B39 and C42  
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